

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033712

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8520

STATE FILE NUMBER

FILED AUG 29 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, MO		c. CITY OR TOWN Rock Hill,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke's Hospital		d. STREET ADDRESS (If outside, give location) 9740 Stanley	
3. NAME OF DECEASED (Type or print) Lisa HASKENHOFF		4. DATE OF DEATH July 26 63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 18-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) St Louis, MO		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William HASKENHOFF JR.		13b. MOTHER'S MAIDEN NAME VIRGINIA ANN Weicker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother; 9740 Stanley Rock Hill 19, MO		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) Immaturity at birth DUE TO (c) and patent foramen ovale	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Small immature baby, poor color activity		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 754/3	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from birth to death and last saw her alive on July 20, '63 Death occurred at 3:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sifton S. Laeffel M.D.		22b. ADDRESS 3720 Washington Ave	
22c. DATE SIGNED 8-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) 8-31-63	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL SOCIETY Anatomical Board	
23d. LOCATION (City, town, or county) St. Louis, Mo.		24. FUNERAL DIRECTOR Ogden	
25. DATE RECD. BY LOCAL REG. AUG 22 1963		26. REGISTRAR'S SIGNATURE Road Smith. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.